Works and Environmental Services (DPWES) at the Plan and Document Control counter, located on the 5<sup>th</sup> floor of the Herrity Building, 12055 Government Center Parkway. If you have any questions, please call (703) 324-1730.



## COUNTY OF FAIRFAX

Department of Planning and Zoning Zoning Evaluation Division

12055 Government Center Parkway, Suite 801 Fairfax, VA 22035 (703) 324-1290, TTY 711 www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: SP 2014-MV-013

(Staff will assign)

RECEIVED

Department of Planning & Zoning

DEC 3 1 2013

## APPLICATION FOR A SPECIAL PERMIT

Zoning Evaluation Division

	(PLEASE TYP	PE or PRINT IN BLACK I	NK)	
APPLICANT	NAME MICHAEL C. & GAGE S. G	RIBBON		
	MAILING ADDRESS 2103 WALTONWAY RD. ALEXANDRIA, VA 22307			
	PHONE HOME (		WORK( )	
	PHONE MOBILE ( 202-669-7599	)		
PROPERTY INFORMATION	PROPERTY ADDRESS 2103 WALTONWAY RD. ALEXANDRIA, VA 22307			
	TAX MAP NO. 083314150502		SIZE (ACRES/SQ FT) 15,674 SQ. FT.	
	<b>ZONING DISTRICT</b> R-4		MAGISTERIAL DIST MOUNT VERNON D	ISTRICT
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: N/A			
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION			
	ARTICLE 8-922: PROVISIONS FOR REDUCTION OF CERTAIN YARD REQUIREMENTS			
	PROPOSED USE REDUCTION OF CERTAIN YARD REQUIREMENTS TO PERMIT ADDITION 15.1 FEET FROM FRONT LOT LINE AND ME COUERED DECK 19.2 FEET FROM FRONT LOT LINE AND			
	COUERED DECK	19,2 FEET	PROM FRONT LOI	410 Z . 17
AGENT/CONTACT INFORMATION	NAME THOMAS M. FRENCH, III			_
	MAILING ADDRESS			_
	6723 WHITTIER A			
	PHONE NUMBER 703-734-0084	HOME		WORK
	PHONE NUMBER	MOBI	LE	
MAILING	Send all correspondence	e to (check one):	Applicant –or- 🗓 Age	nt/Contact
The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.				
THOMAS M. FRENCH, III				
TYPE/PRINT NAME OF APPLICANT/AGENT  SIGNATURE OF APPLICANT/AGENT  SO 2012-0312				
		1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1000

DO NOT WRITE IN THIS SPACE

Date Accepted : February 25, 2014 9

Orginia For Paid: \$910.00